0	PI	

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

First Semester Second Semester DUE February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0712 Deer Lodge Elem 39 Powell Elementary District Contract Daily # of Days Transported # # Shared Family's Name Rate 1 1084 No BOBOWSKI, KATIE 1.50 1 1085 No MCNEIL, REBECCA 1.80 1086 NICHOLSON, JENNIFER 1 No 0.63 1087 SMITH, AMANDA 0.25 1 No 1088 SMITH, SUZANNE No 0.38



School District Claim for State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

DUE
DATES

CO

CO

CO

CO

CO

CO

1101

1103

1104

1105

1169

2382

No

No

No

No

No

No

First Semester February 15 to State Superintendent

Second Semester May 24 to State Superintendent

3.50

2.00

4.25

9.00

11.25

2.35

February 1 to County Superintendent May 10 to County Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning 20 and ending . 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 39 Powell 0713 Powell County H S **High School** District Contract Daily # of Days Transported # Shared Family's Name Rate CO 1089 No MARTIN, JANALEE 2.50 CO 1090 No HENDRICKSON, HARVEY & MARY 4.00 CO 1091 BESSETTE, ANGIE No 2.00 1092 CO No CARRILLO, DONNA 3.50 1093 CO No COUGHLIN, GENE 1.60 CO 1094 No COUGHLIN, JAY 1.55 1095 GRAVELEY, SANDY CO No 1.75 CO 1096 HORNE, JANET 1.30 No 1097 LYONS, GERALD CO No 1.00 CO 1098 No MANNIX, DAVID & PEGGY 0.70 CO 1099 No MOORE, LARRY & JENNIFER 1.50 1100 PENNER, LAUREL CO No 0.60

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PRICE, JOHN P

STITT, DIANA

Diaz, Jeanette

QUIGLEY, BRIAN

STUCKY, RENEE

WEBB, CONNIE JO

0	PI	

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 39 Powell 0715 Ovando Elem Elementary District Contract Daily # of Days Transported # Shared Family's Name Rate 11 1102 No BREKKE, KURT N 5.00 11 1106 No GILCHRIST, JULIE 4.50 11 1107 HENREKIN, ROB & RAEANN 5.75 No 1108 11 No BARSTAD, CHRISTINE 14.00 1109 11 No MARTEN, KAREN 5.00 11 1110 No JACOBSEN, CINDY 0.50 MORGAN, ANDREA 11 1111 No 2.50

0	PI

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Helena, MT 59620-2501 **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0717 Helmville Elem 39 Powell Elementary Contract District **Daily** # of Days Transported # Shared Family's Name Rate 15 1112 No BARD, CAROLEE 2.00 Webb, Paul 2.75 15 1320 No

PI

39 Powell

Contract

#

2306

Shared

No

District

20

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Holona, MT 59620-2501

0718 Garrison Elem

Galarnaeu, Joseph & Memorie

School District Claim for State Reimbursement for Individual and Isolated Transportation

Elementary

Daily

Rate

1.20

State	
District	
County	

of Days

Transported

	Helena, MT 59620-2501	individual and isolated Transportation
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent	Second Semester May 10 to County Superintendent May 24 to State Superintendent
COMPLE	ETE THIS CLAIM FOR STATE REIMBURSEMENT FO	R INDIVIDUAL AND ISOLATED TRANSPORTATION:
This claim	is for the period beginning	
	month day	month day
CERTIFI	CATION:	
The inform	nation on this form is complete and accurate to the best of my knowledg	e.
Date	Signature, Chair, Board of Trustees	
County:	District:	District Level:

Family's Name

PI

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Helena, MT 59620-2501 **First Semester Second Semester DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 39 Powell 0720 Avon Elem Elementary District Contract **Daily** # of Days Transported # Shared Family's Name Rate 29 1114 No BECK, TIM & TRACY 1.45

0	PI	

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 39 Powell 0721 Gold Creek Elem Elementary District Contract Daily # of Days Transported # Shared Family's Name Rate 33 1099 No MOORE, LARRY & JENNIFER 0.00 ALBERY, ANDREA 33 1115 No 1.00 33 1116 No HANSEN, KATHLEEN 1.50